



Boston Seniority

Elderly Commission

Thomas M. Menino, Mayor of Boston



MAY

OLDER AMERICANS MONTH

FREE

2010
Volume 34
Issue 3

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**Check out our NEW and improved website
www.cityofboston.gov/elderly**

**Commission on Affairs of the Elderly
Main number (617) 635-4366**

**Email articles and comments to
Bostonseniority@cityofboston.gov**

***Although all material accepted is
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Commission on Affairs of the Elderly.***

Boston Seniority

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Mayor's Spotlight



Statement on Health Care Legislation

“I congratulate the US House of Representatives for their historic vote in favor of health care reform. The landmark legislation is a positive step forward on advancing a national healthcare policy for all people, providing greater coverage to our most vulnerable citizens and improving health access for all Americans - not only increasing the availability of health insurance, but also prioritizing prevention in medical care and supporting public health activities. This legislation will help Massachusetts keep its promise of universal health coverage for all citizens of the Commonwealth and will help our city improve access to primary care.

Good health is the underpinning of everything we strive to achieve as a city and as a society. Children need good health and nutrition to learn in school; workers need to be healthy to be productive and creative; corporations and institutions need to know that they can plan their futures without worrying about either absenteeism or pandemic.

As the late Senator Kennedy said, quality health care is ‘a fundamental right and not a privilege.’ I look forward to the fulfillment of Senator Kennedy’s legacy and a time when there will be health security for the entire nation. I am proud to support President Obama, Speaker Pelosi, Senate Majority Leader Harry Reid, and our congressional leaders as they continue to improve our national health care system for all Americans.”

HEALTH REFORM FACT SHEET: SENIORS

On March 23, 2010, President Obama signed the Patient Protection and Affordability Act. This historic health care legislation will extend coverage to millions of uninsured Americans, increase consumer protections particularly for those with pre-existing conditions, and extend additional financial assistance to seniors on Medicare. A week later, the President signed the Health Care and Education Reconciliation Act of 2010, which made several important “fixes” to the original bill.

Together, these new federal laws will support Massachusetts’ commitment to health reform by making coverage more affordable for the state and its residents and by providing funding for primary care and public health. The new laws will extend coverage to 31 million Americans by expanding public and private insurance coverage, instituting an individual mandate (requiring all adults to have health coverage if affordable) and requiring employer participation.

How will health reform impact seniors? Here are the details:

- **Preventive Services:** From annual checkups to cancer screenings, many preventive services will be free for those who receive Medicare. No co-pays or deductibles will be required. By fall of 2011, Medicare patients will have access to a comprehensive health risk assessment and a free personalized prevention plan to help them and their doctors continue to focus on wellness instead of just illness.
- **Prescription Drug Benefits:** Currently, Medicare helps pay up to \$2,830 a year for drugs. The coverage stops at that level until the bill for drugs reaches \$6,440. This design leaves the recipient responsible for all drug costs between \$2,830 and \$6,440 annually, leaving a “doughnut hole” in the reimbursement scheme. The new law will close this gap for Medicare prescription drug plans by 2020 through a series of reforms, beginning in July 2010. This year, seniors who fall into the “doughnut hole” will receive a \$250 rebate from the federal government. In 2011, they will receive a 50 percent discount on brand-name drugs. Also, seniors will receive a 7 percent discount on generic drugs, which will increase 7 percent every year thereafter. About 80,700 Massachusetts seniors will see their prescription drug coverage improve.
- **Consumer Protections:** The federal plan implements several policies over the next year to protect consumers in the health insurance market. Specifically, it eliminates lifetime and unreasonable annual limits on benefits, and prohibits insurance companies from rescinding insurance policies due to claims. It prohibits pre-existing condition

exclusions for children by the end of 2010. It provides \$5 billion in immediate federal assistance for those who are uninsured because of pre-existing conditions to participate in a temporary high-risk insurance pool. By 2014, all insurance companies will be prohibited from denying coverage due to pre-existing conditions.

- **Medicare Advantage:** Beginning in 2012, the law reduces overpayments to Medicare Advantage insurance plans by \$132 million over 10 years. This change could cause some insurers to reduce some of the benefits they offer – gym memberships, free eyeglasses and other perks. Others may choose to leave this market, which would require some seniors to have to switch coverage. There are about 198,000 Massachusetts residents enrolled in Medicare Advantage. Seniors who are concerned about changes in their coverage can call the numbers listed at the bottom of this fact sheet for assistance.
- **Affordability:** Beginning in 2014, the federal plan will begin to provide additional subsidies to moderate-income Massachusetts residents to help them pay for premiums. Massachusetts offers subsidies for individuals and families with incomes up to 300% of the federal poverty level (or \$66,000 for a family of four). The final health law will provide subsidies up to 400 % of the federal poverty level (or \$88,200 for a family of four). It is estimated that 75,000 Massachusetts residents will qualify for this assistance.
- **Invests in Primary Care:** Approximately 464,000 people, or 7 percent of the Massachusetts population, cannot access a primary care provider due to shortages in their communities. Health insurance reform will expand and improve programs to increase the number of health care providers, including doctors, nurses, and dentists, especially in rural and other underserved areas. Through loan repayment programs, scholarships, and changes in reimbursement policy, beginning in fall 2010, the legislation encourages health professionals to pursue careers in primary care, which will help alleviate the shortages that Massachusetts has experienced in this critical area.
- **Tax Code Changes:** Beginning in 2013, there will be a 40% tax on the most expensive insurance plans, which have been called “Cadillac” plans. This will affect only about 8,600 of the 6.2 million people insured in Massachusetts and will not be in effect until 2018. Also in 2013, the bill adds 0.9 of a percentage point to the Medicare payroll tax for individuals with earned income above \$200,000 and for couples making above \$250,000, and imposes a new 3.8 percent tax on investment income of people in those tax brackets.

For more Information, please call the Mayor’s Health Line at (617) 534-5050 or the SHINE Program, which offers free assistance to seniors who have question about health insurance at (978) 683-7747.

Attention: Senior Homeowners

Elder Volunteer Property Tax Work-Off Program

Thomas M. Menino, Mayor

Ronald W. Rakow, Commissioner, Assessing Department

Eliza F. Greenberg, Commissioner, Elderly Commission

The City of Boston conducts an Elder Volunteer Property Tax Work-Off Program each tax year. A partnership with various public departments throughout the City of Boston, the goal of the program is to match qualifying applicants with suitable volunteer positions in order to provide limited tax relief to homeowners.

Applicants can earn up to \$1,000 per fiscal year off their property tax bill. The property tax work-off program is limited to 50 participants per fiscal year.

REQUIREMENTS

Age	Gross Income Limit	Residency	Property
You must be age 60 or over by July 1 of the tax year for which you are filing.	\$30,000 if you are single. \$45,000 if you are married. (Includes Social Security benefits, pensions other retirement benefits, annuities, wages, salaries, tips, other compensation, net profit from business or profession, interest and dividends, rent and royalty income, gains from sale or exchange of real estate or other property.)	You must own and occupy residential property in Boston for at least three years.	You must own and occupy your property as a principal residence. If the property is subject to a trust, you must have legal title (be one of the trustees and a beneficiary).

Limited Tax Relief Available !!!

To qualify applicants must meet requirements on page 6 and MUST provide the following:



- ✓ Proof of Age (Birth Certificate, Passport or Driver's License)
- ✓ 2009 Social Security and Pension Tax Returns
- ✓ Social Security and Pension Benefits Letters
- ✓ If property is held in Trust, copy of Trust and Schedule of Beneficiaries

NOTE: The maximum amount of abatement for this program is \$1,000. The amount of tax work-off credit cannot exceed the total tax due for the fiscal year after any other exemptions have been allowed. The hourly rate of compensation is \$8.00 as of January 1, 2010. Upon approval into the program, your volunteer service must be completed by December 1, 2010 in order to receive credit on your Fiscal Year 2011 Third Quarter tax bill.

Elder Volunteer Property Tax Work-Off Law

M.G.L. Chapter 50, § K

Cities and towns may provide residents over age 60 with a local property tax deduction, up to \$1,000, in exchange for volunteer services. The amount of the property tax reduction earned by the taxpayer under this program is not considered income or wages for purposes of state income tax withholding, unemployment compensation or workmen's compensation. Internal Revenue Services does however consider the amounts to be included in the taxpayer's gross income for both Federal Income Tax and FICA tax. Elder volunteers are considered public employees when volunteering. Communities have authority to set income and asset limitations for participation in the program. Volunteers can work at the state's minimum wage as well as the hourly rate, eligibility dates, limits on the number of volunteers accepted, types of work, and any other restrictions or regulations consistent with the law's intent, which will go toward their tax bill. For more information, seniors should contact their local tax assessor's office.

HOW TO APPLY

If you feel you meet the program requirements, contact the Assessing Department for an application.

CALL: 617-635-4287

VISIT: Assessing Department Taxpayer Referral & Assistance Center (TRAC), Mezzanine level, Boston City Hall. Office hours are weekdays, 9AM-5PM.

**Application Filing Deadline:
June 30, 2010.**



Medical Orders for Life-Sustaining Treatment: A New Advance Directive Option in Massachusetts?

Submitted by the Greater Boston Legal Services Elder Law Unit

As many of us know, an advance directive is a document that memorializes a person's wishes regarding how her medical care should be handled if she reaches a point where she is no longer able to make decisions for herself. For example, do-not-resuscitate orders and health care proxies are types of advance directives that may be familiar to many of us. A health care proxy serves the purpose of appointing a trusted family member or friend to make health care decisions for an individual who may later become incapacitated or unable to make her own decisions. On the other hand, a do-not-resuscitate order is a binding medical order written by a doctor stating a patient's wish that resuscitation should not be attempted if the patient suffers cardiac or respiratory arrest. Now, a third type of advance directive may soon become available in Massachusetts.

Recent legislation requires the Executive Office of Health and Human Services working with a commission on end-of-life care to create "a physician order for life-sustaining treatment. . . paradigm program, to assist individuals in communicating end-of-life care directives across care settings. . . ." So what is a Physician Order for Life-Sustaining Treatment paradigm and how will it be implemented in Massachusetts? A Physician Order for Life-Sustaining Treatment program is a type of advance directive that is written as a physician's order or doctor's order, similar to a do-not-

resuscitate order—but is more comprehensive and is meant to be honored across hospitals and different care settings—not just at one location. The goal of the program is to help very ill patients to understand their treatment options and to make their preferences known as to what types of care they wish or do not wish to receive. The Massachusetts model is to be based on the Physician Order for Life-Sustaining Treatment paradigm that is already in use in several states in the U.S.. Massachusetts is beginning its program through a pilot study to test the model that is currently operating in Worcester.

In Massachusetts, the pilot for the physician-order program is called M.O.L.S.T.—which is an abbreviation for Massachusetts Medical Orders for Life Sustaining Treatment. A M.O.L.S.T. is a medical order signed by the patient and a medical professional. The medical order is meant to be filled out after the patient has a conversation with a doctor or medical professional about the types of care that are listed on the form, what those types of care involve, and what choices are appropriate in that individual's particular circumstance. Then, the patient and medical professional will both sign the order. After it is signed, patients will carry the medical order on or near their person so that if they do suffer an adverse event, the form can be quickly found by emergency personnel.

The M.O.L.S.T. form itself is hot pink in color and takes up the front and back of one page. On the form, patients choose whether or not they want to receive certain types of life-saving measures. For example, the form has space for patients to check whether they want

to be transferred to a hospital, to be intubated, to receive CPR, or, once at the hospital, to receive respiratory support, artificial nutrition or artificial hydration, among other things. Because the form is a medical order that involves end-of-life care, it is meant to be used voluntarily by patients who are terminally ill or near the end of their lives. A M.O.L.S.T. form is not meant to replace a health care proxy (although it can supplement one) and, unlike a health care proxy, it does not require a third person other than the patient and medical provider to be involved. Therefore, for elders who do not have a friend or family member whom they would want to make end-of-life care decisions for them, M.O.L.S.T. may provide another option.

Right now, M.O.L.S.T. is only in use at certain sites in Worcester. However, recommendations for a state-wide program are to be made by the end of the year and, for those in the Boston area who may be interested, any state-wide expansion of the program would take place after those recommendations are made.

WIKIPEDIA, Advance Health Care Directive, March 28, 2010, [http:// en.wikipedia.org/wiki/Advance_health_care_directive](http://en.wikipedia.org/wiki/Advance_health_care_directive).

WIKIPEDIA, Do not resuscitate, March 28, 2010, http://en.wikipedia.org/wiki/Do_not_resuscitate.

2008 Mass Acts. Ch. 305 §43, available at <http://www.mass.gov/legis/laws/seslaw08/sl080305.htm>.

Id. See also Circular Letter DHCQ 10-02-529. Executive Office of Health and Human Services, available at www.mass.gov/Eeohhs2/docs/dph/quality/hcq.../dhcq_1002529.pdf.

P.O.L.S.T., www.polst.org (last visited March 29, 2010).

Circular Letter DHCQ 10-02-529. Executive Office of Health and Human Services, available at www.mass.gov/Eeohhs2/docs/dph/quality/hcq.../dhcq_1002529.pdf. See also Remarks of Speakers at M.O.L.S.T. Launch Event in Worcester (Feb. 10, 2010).

Id. See also Massachusetts M.O.L.S.T. form, as of Feb. 10, 2010.

Circular Letter DHCQ 10-02-529. Executive Office of Health and Human Services, available at www.mass.gov/Eeohhs2/docs/dph/quality/hcq.../dhcq_1002529.pdf.

2008 Mass Acts. Ch. 305 §43, available at <http://www.mass.gov/legis/laws/seslaw08/sl080305.htm>. MA Acts of 2008 Chapter 305 Section 43.

Have you had a hip fracture?

Help improve future hip fracture care.

If you have had a hip fracture and are aged 60 years or older, you might be eligible to participate in a research study at Boston University. People who qualify for this research study will receive either:

- a DVD-based home exercise program which is supervised by a physical therapist or
- a nutrition education program

All activities will take place in your home at no cost. There will be financial compensation for your time.

Please contact Kira at:
617-638-1981 or kwilke@bu.edu



RSVP Boston

Volunteer Opportunities

The Boston RSVP Program always has an entire array of volunteer opportunities to choose from. Please call us today and we will send you a program packet full of information on the RSVP Program, a volunteer opportunities booklet, and directions on how to sign up for the program. Take the time, make the call, help out in your community.

For more information on the RSVP Program or to sign up, please call Kelley Wedge, RSVP Program Director at **617-635-1794**.

Beth Israel Deacones Medical Center

- Post Anesthesia Care Unit Helpers
- ED (Emergency Dept) – Family/Patient Liaison
- Book Cart
- Friendly Visitor
- Unit Greeters
- Surgical Liaisons

Contact: Teresa M. Morgan, 617-667-3026 or tmorgan2@bidmc.harvard.edu

Tenacity

Tenacity, an urban youth and tennis program, is currently looking for **Tenacity Buddies!** Tenacity Buddies will work with small groups of students, reading aloud to them, guiding conversations about what our students are reading, and helping students with projects. Tenacity Buddies will have the opportunity to build strong relationships with the young people in their groups, and

will have a strong influence on the children's sense of belonging and community at their Tenacity site. Our students are in middle school and range in age from 11 – 14 years old. This is a wonderful opportunity to really make an impact in your own neighborhood. Summer volunteers also needed for Tenacity Summer Programs.

Tenacity, Inc. | 367 Western Ave. 2nd Floor Boston, MA 02135 | Ph: 617-562-0900

YWCA

Community Health Ambassadors – assist YWCA Boston staff with community health education events and activities focused on breast cancer, diabetes, nutrition, self-esteem and STI awareness and education. With more than 100 events, workshops and activities conducted annually, YWCA Boston is looking for volunteers interested in engaging the public about health issues, disseminating pamphlets and/or supporting breast cancer survivors. Interest in women's health issues, willingness to travel within city limits and a desire to meet and greet the public are required. Flexible daytime and evening weekday, and weekend opportunities for 5 or more hours per week. Training provided.

Contact: Kathryn Henderson at 617-585-5423 or khenderson@ywcaboston.org



Do you want to be on TV?

The *DON'T RETIRE, INSPIRE* show invites you to share your life's story with us and inspire others.

How have you changed the course of your life?

Survived in spite of yourself or your situation?

Come Share Your Story on TV...

If you are interested contact:

Tula Mahl at 617-635-1922 or email
tula.mahl@cityofboston.gov



Mayor Thomas M. Menino

FREE Immigration Advice

May 19th

Room 804 in Boston City Hall

12:00 noon - 2:00 PM

For more information, please contact the
Mayor's Office of New Bostonians
Boston City Hall Room 803
617-635-2980

Senior Companion Program

Become a Senior Companion
and become a friend.

Senior Companions bring a
friendly face into the homes of
homebound elderly.

For more information on how
you can *brighten a senior's day* call
(617) 635-3987.



Boston Fire Department
Elderly Fire Safety Program

FREE

Photo Electric Smoke Alarm and
Carbon Monoxide Detector available
for owner occupied units only.

Restrictions Apply



For more information please call
Ernie Deeb at 617-635-2359.

Diabetes: 10 Facts You Need to Know

24 million American children and adults live with diabetes! How much do you know about diabetes?

Have you been checked by your doctor/health care provider this year to see what your A1C blood test shows?

Your health care provider is your best source of information and treatment. You work as a team to treat diabetes. Each diabetic is a unique case and so you will be treated on an individual basis. Your treatment may be very different than your relatives and friends. Some diabetics take pills, some take insulin and some take both pills and insulin.

The amount of information to learn about this very common illness can be mindboggling for a new patient.

In researching this Seniority article, I came across some interesting diabetes information that may educate even the most knowledgeable diabetic.

General Information:

1. Insulin is a hormone that treats diabetes by controlling the amount of sugar (glucose) in the blood. When used as a medication, it is derived from either pork (porcine)

or is genetically made to be identical to human insulin.

2. There are many types of insulin used to treat diabetes. Insulin is classified by how fast it starts to work and how long the effects lasts. There are 5 types of insulin: rapid-acting, short-acting, intermediate-acting, long-acting and premixed.
3. Insulin can be injected using a needle and syringe, cartridge, pre-filled pen system and insulin pump.
4. Where you inject your insulin on your body, may affect the timing of insulin's benefit to you. Your stomach (abdomen) has the fastest rate of absorption, followed by the arms, thighs, and buttocks. Absorption is also the most consistent in the abdomen.
5. Rotate your insulin sites. This prevents the breakdown and scarring of your fat tissue under the skin. Lipoatrophy is the breakdown and scarring of the tissue under the skin. Rotate within your selected site (example, abdomen), rather than between multiple sites on the body, then your insulin absorbed remains relatively constant.
6. Always check the insulin expiration date. Do not use after

expiration.

7. Storing insulin. Room temperature or refrigerator? You can keep your current bottle of insulin (a few days or a week's supply) at room temperature. This can help alleviate injection discomfort. A vial of insulin can usually be stored at room temperature for about a month. Pen type insulin should be stored at room temperature once in use. Store extra insulin (2-3 weeks supply or more) in the refrigerator.
8. Do not expose insulin to excessive cold (freezer) or heat (direct sunlight). Never leave insulin in your car's glove compartment. If you travel, it is best to buy an inexpensive styrofoam container or an insulated lunch box.

9. Always have at least 2 bottles of insulin on hand. Be sure you know what color your insulin should be. Rapid-acting, short-acting, 2 of the long-acting insulins (Lantus and Levemir) should be clear. Other forms of insulin should have a cloudy appearance and be free of clumps.

10. Most importantly, you should follow the directions of your health care provider so you can treat diabetes efficiently and correctly. You may want to speak to a diabetes nurse specialist and a nutritionist who will guide you in eating, exercising and follow up of this very complicated disease.

For more information, speak to your doctor and do your own research at the American Diabetes Association site diabetes.org

Healthy Fun Fitness

Come and reap the physical and mental benefits of **Massage** or try **Reflexology** where pressure is applied to reflex points of the feet or hands.

Benefits include increase in joint flexibility, help with insomnia, headaches, vertigo and much more.

For more information or to make an appointment contact:

Anita Hudson at 866-565-1449
or email healthyfunfitness@msn.com

The City of Boston has over 40 congregate nutrition lunch sites throughout the city for seniors to attend. All seniors over 60 and their spouse are eligible to eat at any of the sites. The suggested donation for the meal is \$1.75, to help defray the production and delivery cost of the meal. Listed below are all of the city's congregate nutrition lunch sites.

Back Bay & Beacon Hill

Beacon House-KCSS / Anna Ortiz

19 Myrtle Street

617-227-2475

Monday-Friday 10:30-2:30

Arch-KCSS / Rev. Barry Langley

100 Arch Street

617-542-6440

Wednesday Only 10:00-1:00

Morville-KCSS / Margaret Martin

100 Norway Street

617-437-1902

Mon, Tues, Thurs & Fridays

10:00-1:00

Emmanuel Church Of Boston -Ethos

Bob Linscott

15 Newbury Street

617-522-6700 x 306

Thursday's Only 10:00-2:00

Charlestown

Ferrin-KCSS / Fran Doherty

100 Ferrin Street

617-241-7010

Monday-Friday 8:30-4:30

Main-KCSS / Beverly Gibbons

382 Main Street

617-635-5175

Tues, Wed & Fridays 8:30-4:30

Dorchester

Bellflower-KCSS / Ella Brasfield

24 Bellflower Ctr

617-436-9323

Mon, Tues, Thurs & Fri 10:00-1:00

Timilty Center-KCSS (ADH)

Joice Burwell

645 Washington Street

617-474-1167

Monday-Friday 11:00-1:00

Codman-KCSS / Elnora Johnson

784 Washington Street

617-825-6291

Mon, Tues Wed & Friday

10:00-1:00

Kit Clark-KCSS / Jenice Deshield

1500 Dorchester Ave

617-825-5000

Monday-Saturday 8:30-4:00

Lower Mills KCSS

Emma Figueroa

2262 Dorchester Ave

617-988-5050

Monday-Friday 8:30-12:30

Haitian Multi-Service-KCSS

Yawkey Center / Guy Apollon

Michelle Brisson

185 Columbia Rd

617-506-6634

617-506-6600

Tues, Wed & Thurs 10:00-2:00

East Boston

Social Center -KCSS

Jean Spinazzola

68 Central Square

617-568-9856

Monday-Friday 8:30-12:30

Heritage-KCSS

209 Sumner Street

617-569-7618

Monday-Friday 10:00-1:00

Orient Heights-KCSS

Damian Molgatto

86 Boardman Street

617-635-5120

Monday-Friday 10:00-1:00

North End

CCP Christopher Columbus-KCSS

Anita Cacinci

145 Commercial Street

617-367-2100

Monday-Friday 10:00-1:00

Roxbury

Ruggles-KCSS

Mary Himmelberger

25 Ruggles Street

617-427-0142

Monday-Friday 10:00-1:00

Walnut House-KCSS

Lionel Jones

237 Walnut Street

617-442-1002

Monday-Friday 10:00-1:00

Martin Luther King-KCSS

Edith Esterene

280 MLK Blvd.

617-972-9104

1st Thursday Lunch Club

10:00-12:00 noon

St. Patrick's-KCSS

Sister Christine Smith

400 Dudley Street

617-442-0908

Tuesday's Only 9:30-2:30

Amory-Ethos / Annette Brown

125 Armory Street

617-988-5095

Monday-Friday 9:00-1:00

Mattapan

Holy Spirit-Ethos / Josette Potier

525 River Street

617-306-8011

Monday-Friday 9:00-1:00

South Boston

Condon-KCSS / Gail Orton

200 D Street

617-202-9750

Tues, Thurs & Friday 9:00-1:00

Curley-KCSS / Marilyn Johson

1663 Columbia Rd

617-635-5104

Monday-Friday 10:00-1:00

Congregate Meal Sites

Neighborhood House-KCSS

Gail Orton & Mary Kane
136 H Street
617-269-2310
Monday-Thursday 10:00-1:00

Old Colony-KCSS

Margaret Martin
7 Reverend Burk St
617-269-0225
Wednesday's Only 10:00-1:00

South End

Cardinal Medeiros Ctr-KCSS

Ray Davis
25 Isabella Street
617-619-6960
Monday-Friday 9:00-4:00

Peoples Baptist-KCSS

(Inspiration Seniors)
Selma Johnson
134 Camden Street
617-427-9025
Thursday's Only 10:00-1:00

USES-KCSS / Heidi Viaruel

566 Columbus Ave
617-536-8610
617-375-8115
Mon, Tues, Thurs & Friday
10:00-1:00

Anna Bissonnette House (HEARTH)-KCSS

Edward Bordas
1640 Washington Street
617-450-0330
Mon, Tues & Thurs 10:00-1:00

Unity Towers-KCSS

Sandra Santana
80 West Dedham Street
617-988-5377
Monday-Friday 9:30-1:30

Jamaica Plain

Farnsworth-Ethos / Marie Eddy
90 South Street
617-524-7485 x14
Monday-Friday 9:00-1:00

Back of the Hills Apt-Ethos

Dottie Gonotas
100 S Huntington Ave
617-232-7606
Monday-Friday 10:00-1:00

Nate Smith House-Ethos

Nadia Lazo
155 Lamartine Street
617-522-6700 x 306
Wed & Fridays 9:30-1:30

Julia Martin House

Rosie Whigham
90 Bickford Street
617-983-0074
Wednesday & Friday 11:00-1:00

"Out to Brunch" Roslindale House / Mel Larsen

120 Poplar Street
617-522-6700
1st Saturday of every month
11:00-2:00

Brighton

Victorian House-CGAC

Grace Fung
677 Cambridge Street
617-789-4289
Monday-Friday 8:00-4:00

Veronica B. Smith-Ethos

Millie McLaughlin
Cynthia Wilcox
20 Chestnut Hill Ave
617-635-6120
Mon-Thursday 10:00-1:00

Hyde Park

Joseph Malone-Ethos

Dottie Cronin
11 Gordon Ave
617-364-9670
Mon-Wed 9:00-1:00

Blake Estates-Ethos

Dottie Cronin
1344 Hyde Park Ave
617-364-2987
2nd & 4th Thursday 11:00-1:00

Roslindale

Roslindale House-Ethos

Jennifer Watkins
Giovanna Russo
120 Poplar Street
617-327-1503 x 101
Monday-Friday 10:00-2:00

Woodbourne Apts-Ethos

Jacques Cherfils
9 Southbourne Road
617-522-9022
Monday-Friday 10:00-1:00

West Roxbury

Roche Center-Ethos

Bill Morrissey
1716 Centre Street
Friday Only 10:30-2:30

Chinatown

Quincy Towers-CGAC

Raymond Giang
5 Oak Street
617-423-7560
Monday-Friday 8:00-4:00

Mayor Menino's 12th Annual Neighborhood Coffee Hours



Mayor Thomas M. Menino and the Boston Parks and Recreation Department invite local residents to enjoy informational Coffee Hours in various neighborhood parks throughout the city. The annual series, sponsored by Dunkin' Donuts, will take place from April 26 to May 14.

The Coffee Hours give residents a unique opportunity to speak directly with Mayor Menino about open space and other needs in their neighborhoods. Through these one-on-one discussions and a suggestion box at each site, Mayor Menino looks forward to hearing how the City of Boston can improve upon local parks, public areas, and city services.

All participants will enjoy coffee and breakfast treats provided by Dunkin' Donuts, now celebrating their 60th birthday in 2010. In addition, each family in attendance will receive a flowering plant grown in the city's greenhouses as a gift from Mayor Menino. Residents at the event will also be eligible to win a "Day on the Town" raffle prize package including a Dunkin' Donuts gift basket, Macy's and Legal Sea Foods gift certificates, Swan Boat rides, and free parking downtown for the day compliments of the Massachusetts Convention Center Authority.



The twelfth annual Coffee Hour series is held from 9:30 a.m. to 10:30 a.m. at each site with dates and locations as follows. Locations marked * are rain or shine events:

Thursday, May 6 - Rutherford Union Park
Rutherford & Union St., Charlestown

Friday, May 7 - Trotter School Playground
Waumbeck St. & Humboldt Ave, Roxbury

Monday, May 10 - Ringgold Street Play Area
Ringgold, Waltham & Hanson St., South End

Tuesday, May 11 - Martin Playground
Myrtlebank & Hilltop St., Dorchester

Wednesday, May 12 - Christopher Columbus Park*
Atlantic Avenue, North End

Thursday, May 13 - Clarendon Street Tot Lot
Clarendon St. & Commonwealth Ave, Back Bay

Friday, May 14 - Hynes Playground
VFW Parkway, West Roxbury

For more information, please contact the Boston Parks and Recreation Department at (617) 961-3039 or look for us on Facebook.



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Libraries

By: John H. O'Neill III

People have visited libraries for many years. The library is an important part of society. Students go to the library for information needed to write term papers. Several clubs are associated with libraries. There are writers clubs and halls for special lectures.

Technology has helped to enhance library visits. People would use the file cabinets to get a number for a book and proceed to the proper area. Now, visitors to the library can obtain a book number using a computer which is often available for patrons.

The library can be a source of information on many topics. Home repair is one such topic. There are numerous books on home repair at the library. Gardening is another topic. Seniors often have gardens.

Spring has arrived. People have been able to spend more time outdoors. The days are longer. Visiting the library is a great way to spend time.

JUST NEVER KNOW

By Willie Pleasants

As I reflected on what happened that day, I laughed because I was able to maintain a level of self-control in the mist of pandemonium. I am happy to say my mother, Susan, was treated for dehydration and released from the hospital three days later. It was at that time I realized this anecdote was funny, and we all can learn something new every day.

I had to make a trip to New Bedford to pay a parking ticket. The drive down went from a casual trip to an adrenalin rush to the hospital. My mother hadn't been feeling well, and was unable to keep any food down. She wouldn't go to the doctor and didn't want to stay home. So I was forced to take her with me. Well, my mother came prepared because she had a plastic bag with her just in case.

As I turned onto route 140 she threw up. Then her head dropped. "Wake up, Wake up," I said as I slapped her. "Can you hear me?" I asked as I slapped her again. I hoped to God she was not dead. "I hear you," she said weakly, holding her head up and slightly opening her eyes.

'Thank God,' I thought, 'she's alive.' That is when I stepped on the gas and drove like a wild woman being chased by a raging maniac. I slowed down once, making sure no cops were in sight. Then, as I thought about it I wanted to see one. Where were they when you need them?

Her eyes closed and her head

dropped down once more, so I slapped her again. I started grabbing her in her chest, tugging on her clothes. If she had been a baby, she would have died from shaken baby syndrome. I was shaking her that hard. I was slapping her face with one hand while driving at high speed with the other one. I do remember looking down and getting nervous about the speed, but speed was secondary. I needed to keep her conscious. I was not sure if I was afraid for me or afraid for her. I didn't want her to die in my car. My car would never be the same.

Finally we arrived at the emergency door of Saint Luke's Hospital. By the grace of God, I found it. I spent four hours, twenty-seven minutes, and six seconds in that emergency room with my mother and her I-V. Around five o'clock, a doctor in charge had agreed to keep my mother overnight. They admitted her into a room on their geriatric ward which was very clean and orderly.

I went to make sure the nurses on duty knew that I was her daughter and that I expected them to take good care of her. I have learned that the hospital staff will take better care of their patients if they know that family members are around. They seemed to have been doing their job. They checked my mother from head to toe. They looked under her clothes, in her hair, and on her back. I mean everywhere. I started to worry when they asked my mother to sign a paper after they checked her. I had never seen that done. Before

I left her, they had the phone and cable ready to be turned on. Three attendants had come in within the hour to see if she needed anything. I left feeling that she was in good hands.

Well, that night after talking to my oldest sister and telling her how they had checked mom's body for bruises and marks, it dawned on me that while I was checking them out, they were checking me out. The law requires hospitals to report elderly abuse. Thank God my mother has dark skin. I might have gone to jail trying to be a caring daughter.

...you just never know.

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Shannon Murpy
617-635-3745

Lorna Pleas
617-635-4335

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Why do we so clearly see the faults in others, but never in ourselves? My dear friend, Mary Ann, has been in the same job for some 38 years. You might say she has given her life to it. Sadly over time, I have watched her intensify and increase her job responsibilities only to totally abandon not only herself but also her home life. Her basement, attic, and garage were filled with unopened boxes of stuff and old memories. I will get to it someday, she would say. Someday was now. She had just retired and was overwhelmed with the job that lay ahead of her. She sounded sad and depressed when she said, “I never seemed to have had time to take care of my things.” Why is it we never seem to get this one right? There is no rule I know of that mandates that our job requires us to give up our entire life including our family and loved ones.

On my way to tape a TV show, the thought of my friend with all that stuff would not let go of me. How could I help her? When did we become our jobs? We just don’t seem get the clues or learn the lessons along the way that we are NOT our jobs. It is just something we do to earn a living, to generally help others and hopefully leave the earth better for us having been here. We need greater balance in the way we live.

I was meeting a friend of a friend at his small theater where he and his crew were producing another show in a series of romantic comedies.

“How did you get started in the theater?” I asked? “Well” he began “my father and grandfather are doctors; I was expected to be the third generation in my family.”

“I’ll bet your family was disappointed!” I exclaimed.

“Disappointed???” He quipped, “I am a doctor! What I always wanted to be was an actor. I couldn’t get any good parts, so I built my own theater. Being a good doctor helps me pay for this theater.”

“The genuine question is, how do you find the time?” I asked inquisitively.

“Easy! You MAKE the time. I’m a good doctor and I love the people I serve but I love me too. The theater gives me joy; it’s fun and makes me happy. I realized there is more than one way to really help others. The laughter we produce in this theater is some of the best medicine ever made.”

This got me thinking about my friends who lead “double lives,” so to speak. They get so much done you are sure they have a twin. It’s not hard to find them, but you need to book an appointment to talk with them. I traveled to Walpole to be on a TV show with just such a man. Guy picked me up at the train station we drove to the nearby studio, got seated, miked and did a sound check. The cameraman counted us down three, two, one and we were on air for the next 23 minutes talking like old friends. Great fun, great show thanks to everyone, off we went again!

As we were driving back to the station in time to get the next train to Boston I asked him perplexingly, “How do you get so much done?”

“If you want to get something done” he said with a stern tone, “then do it yourself!” “Life is a journey. I travel light!” Just what does that mean?

I find that old negative thoughts and regrets are just like junk in the attic or garage. It drains our energy and drags us down. It’s stuff we hang on to, or won’t make a decision about. We all know people who have garages and attics full of it, than you add that to the same old stuff that goes around and around in our heads, it can depress you. A good example is the bin in my basement I need to clear out, I will set the timer on the kitchen stove for 60 minutes, I’ll make 3 or 4 piles, such as second hand, give away, trash or keep. I make a game of it and see how much I can accomplish. When the timer goes off, I am out of there!

What if the job isn’t finished?

Very often it isn’t. So, the next day I carve out 60 minutes, set the timer again and go at it. You can always find 60 minutes somewhere! Now your energy is up and it becomes a game to see how much you can do in that finite amount of time. Some projects have been accumulated over a few years so it will certainly take more concentrated time to clean it all out. We need

to clean out that same old stuff in our heads, as well. If you feel bad or guilty regarding a past blunder, do something about it! Write a letter; make a phone call, say you are sorry. Do what you need to do, than forgive yourself, and “let it go.” Remember, we are all human. Be kind to yourself. The train pulled into the station. “I will send you a DVD of the show” he said. Remember, travel light, an overnight bag will do it!

We said our thanks and gave each other a big hug. I jumped on the train and waved goodbye. It had all been a lovely productive exciting experience in exactly 60 minutes.

Two days later, as promised, the DVD of the show arrived. I called to say thank you, the answering machine came on, Guy was on air recording yet another show.

I dialed my friend, “Hello Mary Ann, do you happen to have a timer on your kitchen stove?”

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SUSAN & HER DOGS

By: Mike Flynn



There are several endurance races held worldwide which test the human spirit of adventure, inner strength, mental toughness and the physical limits of its participants. The 4 Desert Challenge is a series of seven day, 150 mile races across the world's largest deserts; the Sahara in Africa, the Atacama in Chile, the Gobi in Asia and the Last Desert in Antarctica. Every three years the Volvo International sees yachtsmen from dozens of countries sail the seas and oceans to see who can circumnavigate the world the fastest. It usually takes about nine months to complete. The Baja 1000 in Mexico is an off road motor race where spectators have been known to booby trap the dirt trails. Racers are warned to be careful in areas where large crowds have gathered as they have probably constructed jumps or gullies to watch driver and machine soar.

In America we have what has been dubbed "The Last Great Race on Earth." It is known as the Iditirod. Over a 1150 mile course a team of 12-15 dogs pull a

sled and driver called a musher (derived from the French word merchant, meaning to go) through snow and ice in a race for 10-17 days, depending on the conditions, from Anchorage in southern Alaska to the northwestern coastal city of Nome on the Bering Sea. The course goes over frozen rivers, through deep forest, skirts treacherous mountains and across flat, rock hard tundra to reach the edge of the sea clogged with ice floes as far as the horizon. Racers also must be wary of the wildlife; wolves, moose, bear, buffalo.

In the early 1920s, gold was discovered in Alaska and in the winter the only means of accessing the strike areas was by dog sled. Soon small towns began to spring up along the trail used to reach the gold, one of which was named Iditarod, an old native Athabaskan name meaning a far distant place and it was soon adopted as the name of the trail. It became the most important passage North to South. Supplies, the mail and any necessity found its way to the settlements by way of the Iditirod Trail. In the early 1930s an out break of diphtheria threatened thousands of lives, but many were saved by the serum which made its way north by the trail.

Eventually the gold fields were exhausted of ore and many prospectors returned from whence they came and some of the settlements along the way became ghost towns. As the late 1930s rolled around, the chief form of transportation to out reaching areas became the airplane and the trail disappeared into the wild country it once was. Out of sight out of mind, it became a forgotten piece of Alaskan

history. Mushing was now relegated to dog sled clubs whose few members tried to keep it alive.

In 1964, Dorothy Page was the chairwoman of the Town of Wasilla Centennial Committee and was charged with finding unique ways to celebrate Alaska's 10th anniversary of Statehood set to take place on January 3, 1969. If Wasilla rings a bell, it should. We learned all about it in the last election because Sarah Palin could see

Russia from her back porch in her native Wasilla. Page decided to revisit the old life line, bring part of the past back that many had never even heard of. She worked with musher extraordinaire Joe Reddington Sr. and together they would become known as the mother and father of the Iditarod. A ceremonial race was planned from Wasilla, one of the original towns along

the way to the now deserted town of Iditarod. It was only to be a short symbolic echoing of what was because the trail itself was long ago reclaimed by the land. This was Alaskan history that many did not know and were thrilled to learn about. It became a rallying point for many Alaskans. The next year the Army Corps of Engineers began clearing the trail all the way to Nome, over 1000 miles away. It took a while to bring the trail back but now conversations were taking place to make this a real competition incorporating much of the area's past. With only a handful of mushers, the first race north was won

in 1973 by Dick Wilmarth in a time of 20 days 49 minutes and 41 seconds. The race grew quickly in stature and became world famous as competitors from many countries now compete. There are North and South routes that racers run simultaneously. 26 checkpoints along the trails require mushers to stop to check in. (No Rosie Ruizes here.) Racers must also take one 24 and two 8 hour layovers along the way where veterinarians and medical personnel check out the teams and they are afforded much needed rest. In



Susan mushing

1985, the race was suspended when the weather was so bad supplies could not be delivered to the checkpoints. Over 50 sleds and mushers with their dogs had to hunker down for three days together in a raging blizzard. (More on that 1985 race later.)

The fastest time ever run was 8 days 22 hours 46 minutes by Martin Buser. The

closest finish was a one second win by Dick Mackey in 1978. Rick Swenson has won five times and 4 time winners include Doug Swiney, Martin Buser, Jeff King, Lance Mackey and Susan Butcher.

In a land where men outnumber women about 4-1 and only the strong and brave need apply, Susan Butcher is a true Alaskan legend. Born in Cambridge, Massachusetts in 1954 she found out very young that she had apparently been born with innate disdain for urban living. She really did not like Boston. One of her first school essays started

with “I hate the city”. She had acquired a love for the outdoors and especially for dogs. In 1970 she headed west to attend Colorado State University and became a veterinary technician. 1973 finds her in the wilds of Alaska living on the Wrangle Mountain Range in a cabin with no electricity or running water with 3 huskies. She saw no one for six months. She said of the time. “I depended on those dogs for everything. They saved my life constantly. They were my whole life.”

For three years she trained and worked her dogs with her dream being to compete in the Iditarod. She was the first to lead a dog sled team to the summit of 20,000 foot Mount McKinley, an incredible feat. Finally entering her first Iditarod in 1978, she finished 19th but kept preserving, always finishing but always an also ran. By the 1985 race she and her dogs had become so in tune to each other and the course that she was actually leading at the half way mark. This is Susan. “I was traveling alone at night and ran into an obviously crazed moose. There was something wrong with her. I stopped the team and threw the sled over. She just started stomping and kicking the dogs. She charged at me. For twenty minutes I held her off with my ax and my parka, waving it in her face. Finally another musher came along and we shot her, but not before she had killed two of my dogs and injured thirteen others causing me to scratch from the race.” Ironically, the winner of that 1985 race was Libby Riddles, the first woman’s victor in the most memorable and often talked about in Iditarod history.

Shaking off the grief over her lost dogs,

Susan Butcher was the winner of the 1986 Iditarod, finally attaining the dream. But she was not done. She also won the next year and the year after that becoming the first ever three time Iditarod Champion. Still she wasn’t finished, as again in 1990 she won, this time in record time which stood for years.

David Monson was a native North Dakotan who had similar dreams as Susan Butcher. In 1977 he moved to Alaska and was working in a supply store years later when Susan charged \$6,000 worth of dog food for which she couldn’t pay. Kismet as they say! In 1985 they were married and had two daughters, Tekla and Chisana. They moved to Eureka, a town 100 miles south of the Arctic Circle and began running Trail-Break Kennels, a training and breeding academy for sled dogs. Together they have competed in almost every musher challenge in the world. Her many accomplishments have gained Susan world wide acclaim including the “National Women’s Sport Foundation Amateur Athlete of the Year” and the “U.S. Victor Award” as female athlete of the year two years in a row. The University of Alaska in Fairbanks has now incorporated The Susan Butcher Institute with its mission to forge



Susan Butcher

leadership skills and dedication to public service for Alaskan residents.

In 2005, as she was contemplating another run at the Iditarod, Susan was diagnosed with Leukemia. But with chemotherapy and a bone marrow transplant the disease went into remission. Her husband said “Someone said this is a tough disease, but this leukemia hasn’t met Susan Butcher yet.”

But of the many battles Susan had fought and won, this one had the best of her. On August 5, 2006 Susan Butcher passed away. She was 51.

At the start of the 2008 Iditarod, the Governor of Alaska, Sarah Palin, signed into law a Bill declaring the first Saturday in March, as Susan Butcher Day. The Governor said, “No one exemplifies the spirit of the Iditarod more than Susan Butcher and she is a great role for all Alaskans including myself.”

House Bill 37 reads: “Susan Butcher Day is established on the first Saturday of March each year, the traditional start of the Iditarod dog race to honor Susan Butcher, a loving mother, devoted wife, world champion athlete, determined competitor, true Alaskan and four time Iditarod Champion.... an inspiration to Alaskans and millions around the world.”

In one of her final interviews Susan was quoted as saying, “I do not know the word quit. Either I never did or I abolished it.”

In 2007, Susan’s 11 year old daughter Tekla, slid into Anchorage under the arches, the official Iditarod finish line, accompanied by her father, after bringing her mother’s ashes on a 700 mile trip along the trail with Susan’s sled and dogs. At the Iditarod pre-



Susan’s daughter Tekla

race banquet, she told the crowd that they had left some the ashes at her mother’s favorite spot along the Iditarod, Old Woman Cabin. At every stop along the way people came out to meet her and told her how much she looked like her mother. In the town of Skaktoolik someone held up a sign reading “Welcome Home Susan”. Susan would always cultivate friends among the locals at every stop she made, often staying in their homes. Tekla was overwhelmed with the pictures and listening to the personal stories these strangers told of her mother. It seemed Susan knew everyone on the one thousand mile trail. The next day at the Ceremonial Start of the Iditarod, Tekla appeared on Susan’s sled being pulled by Susan’s dogs and wearing her mother’s muckluks and famous red snow suit with the #1 bib attached signifying her as honorary first musher. Tekla was asked if she herself might race one day. “I don’t really know” she answered “but mushing does seem pretty easy for me.”

Maybe it is really true what they say about the apple and the tree.

Healthy

Quick Breakfast Taco

Ingredients:

- 2 corn tortillas (or whole wheat)
- 1 tablespoon salsa
- 2 tablespoons shredded reduced-fat Cheddar cheese
- 1/2 cup liquid egg substitute, such as Egg Beaters

Preparation:

Top tortillas with salsa and cheese. Heat in the microwave until the cheese is melted, about 30 seconds.

Meanwhile coat a small nonstick skillet with cooking spray. Heat over medium heat, add egg substitute and cook, stirring, until the eggs are cooked through, about 90 seconds.

Divide the scrambled egg between the tacos.

Serves: 1

Breakfast Parfait

Ingredients:

- 3/4 cup low-fat cottage cheese, or low-fat plain yogurt
- 1 cup pineapple chunks, papaya chunks or cling peaches (frozen fruit works well too)
- 2 teaspoons toasted wheat germ (or oat meal)

Preparation:

Place cottage cheese (or yogurt) in a small bowl. Top with fruit and sprinkle with wheat germ.

Serves: 1

Please come to the **National Senior Health and Fitness Day** celebration at Kit Clark Senior Services, 1500 Dorchester Avenue, Dorchester on Wednesday, May 26 from 10 AM until 2 PM. Kit Clark is across from the Fields Corner station on the Red Line and is close to many bus routes. Events include:

- Zumba exercises
- Stick exercises
- A Fit-4-Life information and demonstration session
- A DotWell cooking demonstration
- Nutritional bingo
- Z Health Assessments
- Massages from Bancroft School students
- A chiropractor
- A nutritious meal (a \$2 donation is suggested)
- Other offerings

Events are free. For more information, call the Senior Center Coordinator Lien Trinh or Fit-4-Life Coordinator Garry Sanon at 617-825-5000.



Recipes

Skillet Gnocchi with Chard & White Beans

Ingredients:

1 tablespoon plus 1 teaspoon extra-virgin olive oil, divided
1 16-ounce package shelf-stable gnocchi,
1 medium yellow onion, thinly sliced
4 cloves garlic, minced
1/2 cup water
6 cups chopped chard leaves, (about 1 small bunch) or spinach
1 15-ounce can diced tomatoes with Italian seasonings
1 15-ounce can white beans, rinsed
1/4 teaspoon freshly ground pepper
1/2 cup shredded part-skim mozzarella cheese
1/4 cup finely shredded Parmesan cheese

Preparation:

Heat 1 tablespoon oil in a large nonstick skillet over medium heat. Add gnocchi and cook, stirring often, until plumped and starting to brown, 5 to 7 minutes. Transfer to a bowl.

Add the remaining 1 teaspoon oil and onion to the pan and cook, stirring, over medium heat, for 2 minutes. Stir in garlic and water. Cover and cook until the onion is soft, 4 to 6 minutes. Add chard (or spinach) and cook, stirring, until starting to wilt, 1 to 2 minutes. Stir in tomatoes, beans and pepper and bring to a simmer. Stir in the gnocchi and sprinkle with mozzarella and Parmesan. Cover and cook until the cheese is melted and the sauce is bubbling, about 3 minutes.

Serves: 6

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For more information, please call Ed Conway at (617)327-6831 or e-mail him at edconway14@yahoo.com

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The Elderly Commission

On Radio



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For more information please contact:
Deputy Commissioner Tula Mahl
at 617-635-1922

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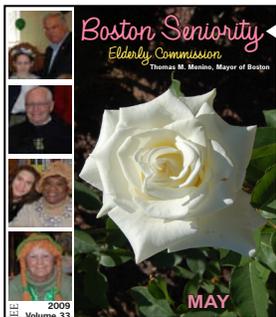
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Registration is open for ages 11 and up. Rehearsals will be held in each neighborhood from March 22-May 15, 2010 on Wednesdays and Thursdays from 4:30-7:30 pm. No previous performance experience necessary!

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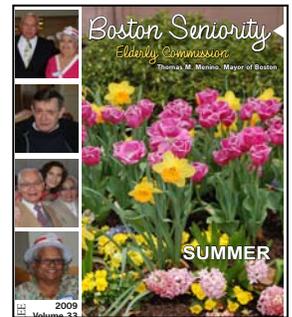
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The Institute of Contemporary Art presents

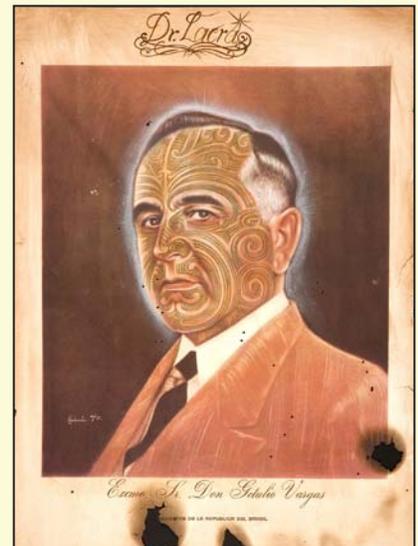
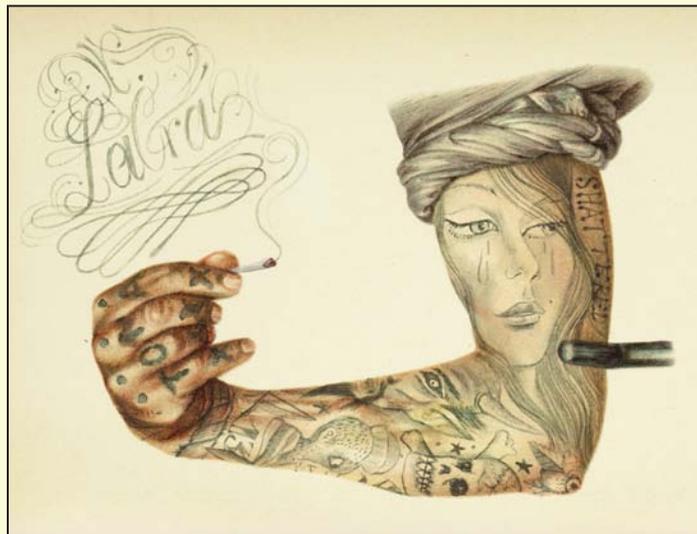
Dr. Lakra

First solo exhibit in the United States

On April 14th the ICA presented, Dr. Lakra's first solo exhibit in the United States. The exhibit is a melting pot of tattoo culture going back to pre-Columbian times. Born Jeronimo Lopez Ramirez, Dr. Lakra's images offer you the opportunity to rethink your impressions of tattoos by assigning them new locations: kewpie dolls, anatomy models, plastic cups, and antique Japanese wood block prints. His images challenge the traditional stigma of tattoos.

He has taken doodling on the corners of your notebook to a new level, no surface escapes his pen. But the doodle is not haphazard. The portrait of the traditional family is tattooed with gang signs challenging social norms. The portrait of a high government authority figure is tattooed with a Maori face tattoo. Initially, it feel like an affront to authority until you find out that that specific Maori tattoo is reserved for authority figures. Thereby questioning how we perceive authority. The exhibit presents over 60 works, including a new drawing that covers two walls.

The Institute of Contemporary Art (ICA) is located at 100 Northern Avenue. It is open Tuesday and Wednesday, 10 a.m. – 5 p.m.; Thursday and Friday, 10 a.m. – 9 p.m.; and Saturday and Sunday, 10 a.m. – 5 p.m. Admission is \$15 adults and \$13 seniors. They offer free admission on Thursday nights, 5 p.m. – 9 p.m. For more information, call 617-478-3100 or visit the website at www.icaboston.org.



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Dolores Christoforo,
Elder Service Plan member,
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H2223-2010-001



HEALTHY LIVING FORUM
TAKING CHARGE OF PAIN



Saturday, June 5th - 11:30 A.M.
Harvar Conference Center
77 Avenue Louis Pasteur - Boston, MA

Sunday, June 6th - 11:30 A.M.
Cathedral High School Gymnasium
1336 Washington Street - Boston, MA

Learn From Expert Physicians Specializing in Pain

Event Agenda

- 11:30-12:00 Lunch
- 12:00-12:10 Welcome to Taking Charge of Pain · Seth Ginsberg
- 12:10-12:40 "What Is Pain and What Can You Do About It?" · Dr. Jeff Gudin
- 12:40-1:05 "Getting Past the Barriers to Effective Treatment" · Steven Fleming
- 1:05-1:30 "Complementary/Alternative Treatments for Pain Management" · Dr. Ron Glick
- 1:30-1:50 "Getting Proper Treatment Depends On You" · Laurie J. Ferguson, PhD
- 1:50-2:00 "How Do You Feel?" · Seth Ginsberg



GLOBAL HEALTHY LIVING
FOUNDATION

A 501(c)(3) patient advocacy organization
www.ghlf.org

Open to the Public. Light Meal Provided.

RSVP Requested

To register, please call (617)762-0691 or visit www.ghlf.org/takingchargeofpain

Vitamins & Mineral Supplements Are Important for Older People

Research has discovered that as we age, our diets and our need for dietary supplements change. Doctors are increasingly concerned about boosting the levels of vitamins and minerals that we need as we grow older.

As most people get older, they tend to eat less due to a loss of appetite. As a result, many elderly individuals do not take in adequate amounts of vitamins and other nutrients as they did when they were younger. Other factors that can affect appetite and the inadequate uptake of vital nutrients are medications, medical complications, certain disabilities, diabetes, changes in the digestive system and even the changes in our skin as we age. One study estimates that one-third of the elderly are alarmingly low on important vitamins and minerals. Another study indicates that two thirds of the elderly patients admitted to a hospital are mal-nourished, resulting in low levels of vital nutrients. When a person is vitamin and mineral deficient, he or she is more susceptible to illness and infections. It is estimated that deaths due to infections are ten times more likely in the elderly.

Vitamins

So what is a vitamin and why is it so essential to our bodies? A vitamin is a molecule that our bodies need to carry out certain biological functions. With only a few exceptions, the body has no way to create vitamin molecules itself, so these vital building blocks must come in through food that we eat. The human body is known to need at least 13 different vitamins. We are able to store some of these for long periods of time in fat cells or in the liver -- such as vitamin A -- but most vitamins need to be replenished frequently.

Vitamins don't supply us with energy. We need protein, carbohydrates, and fats for that. What vitamins do is to help the carbohydrates, fats, and proteins release energy. These vital compounds are very important and they are required for all sorts of complex chemical reactions in our bodies. Vitamins are also needed to assist the enzymes that repair tissue and help with the production of cells. Many studies show that vitamins and minerals can help or prevent some of the disorders or diseases related to aging.

There are two types of vitamins -- water soluble and fat soluble. Water soluble vitamins are not stored in our bodies. They pass through our bodies quickly. In order to keep these nutrients in our bodies we have to consume them frequently. Water soluble vitamins contribute to our health, energy and stamina. This type of vitamin also helps in the function of over one hundred enzymes and chemical reactions that give our bodies energy. Listed below are some of the well known water soluble vitamins and their benefits.

- **Vitamin B5** – good for reducing swelling
 - **Vitamin B3** – reduces tissue swelling and helps increase blood flow.
 - **Vitamin B6** – also reduces swelling. When combined with vitamin B12 in proper concentration has shown to reduce heart disease.
 - **Vitamin B12** – This is the most vital of the B's. It aids in the formation of cells, myelin production, healthy nerves, and maintaining immune system and mental function.
 - **Vitamin C** – Vitamin C helps in the formation of cartilage and bone. Some studies have shown it may reduce the progression of osteoarthritis.
- Fat soluble vitamins are vitamins that stay in the body and are typically stored in the liver. You can usually receive enough of these compounds by eating a well balanced diet. Any condition that can interfere with the absorption of fat in the body like tuberculosis, cystic fibrosis, hypothyroidism,

lactose intolerance, and many other diseases or disorders can cause deficiencies in these vitamins. Before taking the daily recommended dose of fat soluble vitamins you must consult your doctor. Overdosage of these substances can cause a toxic build-up in your body. Listed below are the major fat soluble vitamins.

- **Vitamin A** – Lungs, throat and mouth depend on vitamin A to retain moisture. This compound is also important for your skin, bones, teeth, digestive system, urinary tract, eyes and aids in preventing skin disorders like acne, boils, and bumpy skin. Some studies show that it may aid in slowing the aging process.
- **Vitamin K** – plays an important role in the clotting of blood. Research has linked vitamin K to bone health.
- **Vitamin D** – is produced in the skin by exposure to the sun. Deficiencies mostly occur in people living in northern latitudes where daylight is brief during winter months. Changes in skin as we age can also cause poor production of vitamin D. Studies show that osteoporosis might progress faster in women with low levels of vitamin D. This compound is essential in helping the body absorb make that lowercase and maintaining strong bones.

Minerals

Unlike vitamins, minerals are not manufactured by plants or animals. Minerals form in the earth, and are absorbed by plants and found in animals that eat the plants. Listed below are some of the essential minerals needed to maintain a healthy body.

- **Iron** – helps carry oxygen throughout the body. Iron also helps the immune system ward off foreign entities.
- **Calcium** – Most women as they get older need calcium supplements to prevent bone loss that

causes osteoporosis. Calcium supplements will not do you any good if you do not have the right levels of vitamin D. Your body cannot absorb calcium without vitamin D.

- **Zinc** – Zinc deficiencies can affect skin, nerves, and the body's immune system.

It is important that you take vitamin and mineral supplements with food. Fat soluble vitamins require fat ingestion to result in the best absorption. It is best to take your supplements at the biggest meal of the day.

We use vitamins every day to support the processes our bodies use to maintain life. Ongoing reduced levels of vitamins can make you weak and more vulnerable to disease. Proper nutrition with vitamins and minerals is vital for seniors to maintain a healthy lifestyle. Other health issues related to aging are discussed on the National Care Planning Council website at www.longtermcarelink.net.



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THINGS TO DO IN YOUR SPARE TIME

By Suzanne Vrooman,
On-Call-Volunteer



There are many things to do in your spare time that, as senior citizens, will not cost you a full-price on some places here in Boston and Cambridge. All you have to do is show your driver's license or your MA ID card to get into these events and enjoy!

In Boston:

When you apply for a Boston Public Library Card, you can take your library card to the following museums that I have listed below and you will only have to pay a small fee that includes the senior citizens discount.

For example, you can use your library card at:

Museum of Fine Arts

465 Huntington Ave, Boston, MA 02115
Phone: 617-369-3306

Isabella Stuart Gardner Museum

280 The Fenway
Boston, MA 02115
Phone: 617-566-1401

For movies, I have listed below the addresses and phone numbers for you to call to find out more information about the senior citizen discount days/times, etc.:

Simons IMAX Theatre at the New England Aquarium

Central Wharf, Atlantic Avenue
Boston, MA 02110
Phone: 617-973-5206

Boston Museum of Science - Mugar Omni Theatre

1 Science Park
Boston, MA 02114
Phone: 617-723-2500

AMC Loews Boston Common 19

175 Tremont Street
Boston, MA 02111
Phone: 888-AMC-4FUN

In Cambridge:

You can apply for a Cambridge Public Library card and go to Harvard Square to their museums for free such as:

Arthur M. Sackler Museum, Busch-Reisinger Museum and Fogg Art Museum. These museums are located on the corner of Quincy Street and Broadway. You can walk from Harvard Square public "T". The museum website address is: www.artmuseums.harvard.edu if you would like more information about the times/days, etc.

Also, in our Boston area neighborhoods, there are senior centers in each neighborhood for many great and fun activities where some are free and some you need to pay a small fee for each event. And the local religious affiliations also have senior events with senior discount meals that you might like to go to. Check your neighborhood to find out the addresses where these events are located. Enjoy!

Thank You Xerox for the Wonderful Luncheon!





Happy Older Americans Month

During Older American's Month we are reminded that Boston's history is not only about Paul Revere and John Adams but also about the people that live here today. The people on whose shoulders modern Boston was built, to these people we want to say thank you. Thank you for everything you have done and everything you still do today.

- Mayor Thomas M. Menino

